



OFFICE OF THE BOARD OF HEALTH

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

Christine M. Connolly
Director of Public Health

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**Permit Application
to sell Tobacco Products within the Town of Arlington**

DOING BUSINESS AS:

Name of Retail Store

Address Telephone

Owner Name (Corporation name if incorporated)

Address City/Town Zip code Telephone

Applicant's Name (PRINT) Signature

Applicant's Date of Birth Applicant's Social Security Number

Title Date

*** (Circle)
Convenience Store Gas Station Liquor Store Canteen

*****TYPES OF TOBACCO PRODUCTS SOLD IN ESTABLISHMENT:**

Cigarettes Chewing Tobacco Cigars Snuff Pipe Tobacco

Hours of Operation:

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

BOARD OF HEALTH USE ONLY

Number _____ Fee \$500.00

Date of Issue: _____ Expiration Date: _____